



PATENT
Atty: Docket No. 0063.021

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 24, 2003.

Gyne Riser
Gyne Riser

06.24.03
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

MICHAEL HOUGHTON et al.

Serial No. 08/441,355

Group Art Unit: 1643

Filed: May 15, 1995

Examiner: M. Zeman

For: PROCESS FOR SCREENING FOR HCV (AS AMENDED)

AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
JUL 07 2003
TECH CENTER 1600/2900

Sir:

Transmitted herewith is a response to the final Office Action mailed December 24, 2002.

X Applicant petitions for extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

| | | |
|---------------|--------------|------------|
| <u> </u> | one month | \$ 110.00 |
| <u> </u> | two months | \$ 410.00 |
| <u> X </u> | three months | \$ 930.00 |
| <u> </u> | four months | \$1,450.00 |

 An extension for months has already been secured and the fee paid therefore of \$ is deducted from the total fee due for the total months of extension now requested.
Extension fee due with this request \$.

 Applicant believes that no extension of term is required. However, if any additional extension and/or fee is required, please charge Deposit Account No. 03-1664. **THIS IS NOT AN AUTHORIZATION TO PAY THE ISSUE FEE.**

The fee for claims (37 C.F.R. §1.16(b)-(d)) has been calculated as shown below:

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE |
|--|---|-------|---------------------------------------|------------------|------------|------------|
| TOTAL | *130 | MINUS | *241 | = 0 | x \$18.00 | \$0.00 |
| INDEP. | *14 | MINUS | *15 | = 0 | x \$84.00 | \$0.00 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$280.00 | \$0.00 |

Total \$ 0

- * If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest No. Previously Paid for" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

- X No additional fee for claims is required.
- X Attached is check no. 8140 in the amount of \$1,150.00 (\$930 for 3-month extension of time and \$220 for 2 Terminal Disclaimers Under 37 CFR §1.20(d)).
- X If any additional fees are required, please charge Deposit Account No. 03-1664.
THIS IS NOT AN AUTHORIZATION TO PAY THE ISSUE FEE.

Respectfully submitted,

Dated: 24 June 2003

By:



Alisa A. Harbin
Reg. No. 33,895

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